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AUTHOR Clary, Joan Turner
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ABSTRACT

The document is intended to establish criteria for preschool services so that a handicapped child qualifying for services in one area of the state (Iowa) will qualify for those same services in another geographic area. An initial section examines the state's philosophical commitment to handicapped children. A subsequent section addresses the state's screening and evaluation procedures. State regulations are quoted regarding definitions of specific types of disabilities and criteria for behavioral disorders, hearing impairment, learning disability, mental disability, physical disability, profound multiple handicaps, speech and language impairments, and visual impairments. Disabilities are examined in terms of definitions from the Iowa rules, criteria, and suggested assessments. (CL)

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IOWA CRITERIA FOR PRESCHOOL HANDICAPPED

IOWA DEPARTMENT
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Special Education Division
Grimes State Office Building
Des Moines, Iowa 50319-0146

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Foreword

This document represents ten years of coordinated effort among local school districts, area education agencies and the Department of Public Instruction to provide appropriate, comprehensive services to young children requiring special education programs and services. The contents are a culmination of the work of several hundred professionals who used their experience and training as a basis for their ideas and criticism in order to make this information relevant and as clearly defined as possible.

There are scores of people to thank for their reviews and input. You know who you are and hopefully you can find your mark within the following pages. The committee who finalized this document did a superb job! A special thanks must be extended to AEA Supervisors for Early Childhood Special Education, Melissa Drago, AEA #3; Arlene Keiser, AEA #6; Joyce Shaul Leavell, AEA #9; and Mary Harris Schertz, AEA #2. Mary Carter, Consultant, AEA #11 assisted in the early phase of development. Other AEA supervisors and consultants in specific disability areas have also been very helpful. Thanks is also extended to consultants within the Division of Special Education for their ongoing interest and input.

The goal of this endeavor is to provide more uniform procedures for screening, identification and placement for young children in need of such services. We feel the dedication of a large number of professionals is reflected in this quality document.

Thanks to a great group!

August 1985

Joan Turner Clary, Consultant
Preschool Handicapped

Introduction

It is felt that a great deal of clarifying information could still be added to this publication. However, at this point in time, we primarily need to guarantee that a preschool child qualifying for services in one geographic area of the state will qualify for the same services in another area of the state.

The criteria committee gathered all existing documents on preschool criteria that could be located, developed two different drafts which went to field practitioners and coordinated all aspects of those draft copies with the Iowa Rules of Special Education. Since this has been a state-wide, field-based effort, it should be very compatible with state-wide philosophy and best practices.

There was discussion about whether to include suggested assessment instruments. The included instruments represent only a few of the many which could be used. Those listed are probably the ones favored in the state but are not to be viewed as "best" or "mandated." They were included simply to provide some direction if persons wished to have such assistance.

The Rules of Special Education most directly related to identification and placement of preschool aged children have been included here for convenience. All components of special education for young children in Iowa are included within the Iowa State Plan for Part B of the Handicapped Act as Amended by P.L. 94-142 and the Iowa Rules of Special Education.

Iowa is proud to have one of the most effective and efficient delivery systems in the nation for special education programs and services for handicapped children from birth. Your suggestions for techniques of improving that system are always welcome. Through working together and sharing knowledge we can continue to maximize our efforts.

Philosophy

Iowa is known throughout the country for its strong educational structure. In 1974 the Iowa legislature passed S.F. 1163 which mandated services from birth for young children with handicapping conditions. As a follow up to this legislation, the Special Education Division, Department of Public Instruction, declared the preschool handicapped population as the largest unserved special education population in the State. With this designation, the flow-through portion of 94-142 E.H.A., Part B funds were appropriated for children from birth to seven years of age.

These two events from the state level provided the foundation which made possible the development of a comprehensive structure of services for all young handicapped children. The area education agencies serve as the major providers for support services and the local education agencies serve as service providers for direct instructional services. Through this union of agencies, a refined service delivery model emerged.

Prior to the passage of Education for the Handicapped Act, 94-142 and the passage of Senate File 1163 in Iowa, there were few programs for young handicapped children within the State. There had been a few model demonstration programs which were funded through the Handicapped Children's Early Education Program and some agency funded programs through the Easter Seals Society and the Association for Retarded Citizens. These programs had limited access and were more likely to be available in the urban areas.

During the past decade, there has been a noticeable increase in availability of services and programs for handicapped preschool-aged children. A quote from the Iowa Law Review, June, 1977, states, "By accepting the challenge of providing needed instructional and support services for young children,

Iowa has become one of the leaders in the nation in moving toward provision of full service for all children with special needs."

In furthering the effort to provide equal opportunities for all young children with handicapping conditions, the Iowa Criteria for Preschool Handicapped has been developed. By using the available human and financial resources available from the federal and state levels, every attempt is being made to identify and serve those children in need of special education and related services. The basic structure for the provision of those programs and services is outlined in the Iowa Rules of Special Education.

The criteria for preschool handicapped should provide assistance in the determination of the primary handicapping condition. Determining a primary handicap assists with future planning for the student and also assists the parents in recognizing the assets and liabilities of their child. It is recognized that the determination of a primary handicapping condition may be somewhat complicated when the child is young. As the child matures, the primary handicapping condition may be found to be other than was originally indicated, as definitive diagnosis becomes more accurate.

Although the education agencies in the State of Iowa are mandated as the lead agencies for provision of special education programs and services, it must be noted that with this population, it is critical to maintain close communication with other agencies serving these children and families. The effort must be one of interagency coordination in order to maximize the effects of all services provided. Working among agencies requires a greater amount of staff time than might be required for providing the same services to the school-aged population, however, interagency coordination is an absolute necessity with the preschool population because of the level of needs within this group.

Parents know their children best and every effort must be made to utilize their knowledge of their child. Such information is often gathered on referral and at staffing. All agencies are encouraged to interpret screening and diagnostic information to parents. All steps of identification, evaluation and programming should be a cooperative effort between agencies and parents to facilitate maximum effectiveness.

Screening and Evaluation Procedures

Screening

All preschool aged children shall receive a developmental screening upon initial referral. Although a student may be evaluated in a single special education support service area (12.17(1)"a",1, screening is not considered an evluation. Screening is the process of examining a child's developmental status across all areas including skills in cognition, motor, language and social/emotional development. Screening of vision and hearing are highly recommended and must be completed prior to instructional programming. Screening is not intended to provide in-depth information in any of these areas, but should provide indicators of the child's developmental status as compared to the other children of the same chronological age. Through an initial screening, the child's strengths and weaknesses quickly emerge, as well as indicators of the need for in-depth evaluation. Samples of screening instruments could include:

Denver Developmental Screening Inventory.

Comprehensive Identification Process.

Carolina Developmental Profile.

Brigance Screening.

RIDES - Rockford Infant Developmental Evaluation Scales.

Evaluation

Iowa Rules of Special Education

670-12.17 (1) (281).

(1) A comprehensive educational evaluation must include, at a minimum, a health history, an educational history, the behavioral observation of the pupil in the educational setting by someone other than the pupil's teacher, screening of hearing, screening of vision, and, an

evaluation of academic status. Other areas, such as intellect, motor functioning, social functioning, speech and language, adaptive behavior (in the school and community) and career-vocational education needs, will be screened or assessed, as necessary, in evaluating all areas related to the suspected diability and in determining the primary disability. If the results of any area screened indicate the need for a more detailed evaluation, such an evaluation will be completed prior to determining a pupil's entitlement for special education.

It is essential that diagnostic information be contributed by various team members at the staffing, with the primary disability being determined by the team. The use of team involvement rather than individual judgment helps ensure a more appropriate placement.

No single instrument is accurate enough or thorough enough to safely be used as the sole determiner of the need for special education services. The assessment should incorporate testing and records which not only make the child eligible, but provide enough child specific information to develop an appropriate program.

"Preschool handicapped" are those pupils below the age of seven who require special education and who are not appropriately provided for within the scope of general education or other special education programs.

"Children requiring special education" are those pupils handicapped in obtaining an education as specified in Iowa Code chapter 281, and as defined in these rules.

"Children who are handicapped in obtaining an education" are those pupils whose educational potential cannot be adequately realized in the general educational experience without the provision of special education as defined in these rules.

"Communication disability" is the inclusive term denoting speech and language impairments and hearing impairments.

"Deaf-blind" pupils have auditory and visual handicaps, the combination of which causes such severe communication and other developmental and educational problems that the pupils cannot properly be accommodated in special education programs solely for the hearing impaired or the visually impaired, without appropriate modifications.

"Handicapped pupils" means children requiring special education.

"Multicategorical" means special education in which the pupils receiving special education have different types of disabilities.

"Primary disability" is that disability with the most dominant characteristics and for which the greatest intervention is programmed. For those pupils with more than one disability, primary disability is a determination made by the director utilizing recommendations of the diagnostic-educational team.

"Severely handicapped" are pupils with any severe disability including pupils who are profoundly multiply handicapped.

"Special education" is all instructional and support programs and services, provided in accord with Iowa Code chapter 281 and these rules, by the department, AEA, school district or other recognized agencies. Special education provides a continuum of program and service options in order to provide the least restrictive intervention which is required to meet the educational needs of each pupil, regardless of disability.

BEHAVIORALLY DISORDERED (BD) 670--12.3(281)

A. Definition From Iowa Rules of Special Education

"Behaviorally disordered" is the inclusive term for patterns of situationally inappropriate behavior which deviate substantially from behavior appropriate to one's age and signficantly interfere with the learning process, interpersonal relationships, or personal adjustment of the pupil to such an extent as to constitute a behavioral disorder.

1. Clusters of behavior characteristic of pupils who are behaviorally disordered include: Cluster I - Significantly deviant disruptive, aggressive or impulsive behaviors; Cluster II - Significantly deviant withdrawn or anxious behaviors; Cluster III - Significantly deviant thought processes manifested with unusual communication or behavioral patterns or both; and, Cluster IV - Significantly deviant behavior patterns characterized by deficits in cognition, communication, sensory processing or social participation or a combination thereof that may be referred to as autistic behavior. A pupil's behavior pattern may fall into more than one of the above clusters.
2. The determination of significantly deviant behavior is the conclusion that the pupil's characteristic behavior is sufficiently distinct from that of the pupil's peer group to qualify the pupil as requiring special education programs or services on the basis of a behavioral disorder. The behavior of concern shall be observed in the school setting for school-aged pupils and in the home or center-based setting for preschool-aged pupils. It must be determined that the

behavioral disorder is not maintained by primary intellectual, sensory, cultural or health factors.

3. In addition to those data required within the comprehensive educational evaluation for each pupil requiring special education, the following areas of data shall be gathered when identifying a pupil as behaviorally disordered which describe the qualitative nature, frequency, intensity, and duration of the behavior of concern. If it is determined that any of the areas of data collection are not relevant in assessing the behaviors of concern, documentation must be provided explaining the rationale for such a decision. Such documentation will be reviewed and maintained by the director.

   (a) "Setting analysis data" is information gathered through informal observation, anecdotal record review and interviews describing the setting from which a pupil was referred; documented prior attempts to modify the pupil's educational program so as to make behavioral and academic achievement possible in the current placement; and, social functioning data that includes information, gathered from sources such as teacher interviews and sociometric measures, regarding the referred pupil's interaction with peers.

   (b) "Pupil behavioral data" are measures of actual behavior that include the specific recording, through systematic formal observations, of a pupil's behavior, including the frequency of behaviors of concern; and, measures of reported behavior that include checklists or rating scales and interviews that document the perceptions of school personnel regarding the behavioral

pattern of the referred pupil and the perception of the pupil's home and school behavior obtained from the parent or surrogate parent.

(c) "Individual trait data" is information about the unique personal attributes of the pupil. This information, gathered through pupil and teacher interviews and relevant personality assessments, describes any distinctive patterns of behavior which characterize the pupil's personal feelings, attitudes, moods, perceptions, thought processes and significant personality traits..

B. Criteria

(1) The behavior of concern should be directly observed in the home of children who are not involved in a center based program. The referred child's behavior should be observed in multiple settings including the home and a preschool environment whenever possible.

(2) Besides those areas required for a comprehensive special education evaluation, the assessment shall include strategies which allow for description of the qualitative nature, frequency, intensity, and duration of the behavioral concern. The assessment should include a setting analysis, behavioral data (direct and indirect), and individual trait data.

(3) For placement in a preschool handicapped classroom, behavioral concerns should be manifested in a group setting.

(4) The individualized educational plan for children placed on the basis of a behavior disorder should include a component dealing with behaviors in the home.

C. Assessment

(1) Family and social history

a. Description of the family unit (size, composition, relationships, and dynamics of interaction).

b. Traumatic or disruptive events which have been experienced by the family and/or the child.

c. Parental perceptions of the child's problems and attempts by the family to deal with them. Include the utilization of any resources or settings outside the home.

d. Parents' style and effectiveness of child management.

e. Strengths within the family to assist the child with his/her problems.

f. Any other relevant information, heredity traits, community involvement, environmental factors, that may provide insight into the child's difficulties.

(2) Involvement Outside the Home:

a. Preschools, Head Start, daycare, Sunday School, babysitters, significant others.

b. Include information on the number and types of settings, description of the individual settings such as age groupings and number of children.

c. Describe the frequency and duration of involvement as well as performance and adjustment.

d. Include patterns and/or changes in performance, behavior, and attendance.

e. Describe adaptive behavior and social emotional adjustment.

(3) Medical

a. Birth history.

b. Developmental milestones.

c. Illnesses and injuries.

d. Medications.

e. Vision and hearing.

f. Other

(4) Accurate and current information about the child's behavior is essential. Particular attention must be given to the intensity, duration, and consistency of the behavior. Consideration should be given to the behavior relative to the child's functioning level, environmental and social experiences, and the degree to which this behavior deviates from the norm. This behavior needs to be assessed from the perspective of its interference with the learning process and/or interpersonal relationships.

A. Observation

1. Observations in the following settings are highly recommended. Best practice would include both formal/systematic and informal/descriptive observation:

a. Direct observation during evaluative sessions.

b. Observation during free play or in unstructured situations.

c. Observational data from a group setting to clarify the degree of behavioral difficulty. This data may be gathered by someone other than a diagnostic team member, e.g., parents, preschool teachers.

2. A temporary placement for diagnostic observation may be utilized such as private preschool, Head Start or preschool handicapped class.

B. Behavioral checklists:

1. Parents.

   a. For children over three a checklist should always be attempted.

   b. For children under the age of three a checklist may be inappropriate.

   c. At the preschool level, the parent or the primary caretaker, has the greatest opportunity for ongoing contact with the child. Therefore, they are primary sources of information about the child's behavioral functioning in all cases.

2. Teacher and/or other significant adults.

   a. For children enrolled in a private preschool or educational program or ongoing group, a teacher checklist should be utilized.

   b. If a behavior checklist is completed at the initial developmental screening, this and other observations and checklists should be utilized.

   c. Other individuals with regular contact with the child may be requested to complete checklists.

C. Behavior rating scales which might be used:

1. Burks' Preschool and Kindergarten Behavior Rating Scales.

2. California Social Competencies Scales.

3. Conner's Parent or Teacher Symptom Questionnaire.

4. Louisville Behavior Problem Checklist.

5. Personality Inventory for Children.(revised)

6. Specialized behavior checklist:

   a. Autism Rating Scale.

   b. Rimland's Behavior Checklist.

7. Individually constructed questionnaire.

D. Prior to placement in a preschool handicapped center based or home instruction program, the following assessment must be completed:

Adaptive behavior.

Communication.

Health/family history.

Hearing screening.

Intellect.

Motor screening.

Vision screening.

EXTENDED EVALUATION (EE) 670—12.3(281)

A. Definition From Iowa Rules of Special Education

"Extended evaluation" is a status which may be utilized for pupils below age three who are in need of special education but for whom the diagnostic-educational team cannot determine the primary educational disability. A pupil may receive special education for a maximum of one year within this status to provide an opportunity to gather additional data for determination of a primary disability. A pupil whose disability can be determined shall be so diagnosed in order to assist parents and agencies in planning for the pupil's needs. An extended evaluation is to be used only in unique situations when need for special education is imperative and time would assist with providing a definite educational diagnosis. A pupil receiving special education while placed in extended evaluation status must have on file an interdisciplinary staffing report which defines the educational, observational and medical information obtained prior to provision of special education.

B. Criteria

(1) "Extended evaluation" status may be used for children under three years of age for a maximum period of one year. An annual review must be held at this time to determine a specific disability or discontinuation of programs and/or services.

(2) Extended evaluation status should be utilized when determination of a specific disability area cannot be made or where there is a medical diagnosis indicating the probability of a handicapping condition which is not supported by a developmental delay.

(3) Conditions which can be determined from existing medical and/or educational diagnosis should be coded by disability on the child's records and use of the "extended evaluation" status should not be considered.

C. Suggested Assessments

Please refer to instruments from other disabilities.

D. Prior to placement in a preschool handicapped center based or home instruction program, the following assessment must be completed:

Adaptive behavior.

Communication.

Health/family history.

Hearing screening.

Intellect.

Motor screening.

Vision screening.

E. Additional Comments

(1) It remains the responsibility of the professionals providing the special education programs and services to keep parents informed of the developmental status of the child as perceived by the staff, i.e. amount of developmental lag exhibited by the child in areas of motor, cognition, etc.

(2) All children who are weighted in order to generate state and local funding must be placed in one of the appropriate categories based on their primary disability. The "extended evaluation" category is only available for children below age three who are served with federal funds.

3. Extended evaluation status must be changed to a primary disability category by the child's third birthday.

4. All children receiving services while placed in the extended evaluation category shall have an IEP in place and be in compliance with all rules and regulations.

HEARING IMPAIRMENT (HI) 670--12.3(281)

A. Definition from Iowa Rules of Special Education

"Hearing impairment," a communication disability, is a loss of auditory sensitivity ranging from mild to profound which may effect one's ability to communicate with others

1. "Deaf" pupils include those individuals whose hearing impairment is so severe that they do not learn primarily by the auditory channel even with amplification, and who need extensive specialized instruction in order to develop language, communicative and learning skills.

2. "Hard of hearing" pupils include those individuals whose level of communication ability is adequate to allow them to acquire speech and language and to learn by auditory means although they may experience difficulty, under certain circumstances, in oral communication, language and learning skills with or without amplification, and who may need various classroom and instructional modifications in order to make full use of school experiences."

B. Criteria

(1) A child with a sensorineural hearing of 40 dB or greater (unamplified) may receive programming through various options, i.e. home instruction by an itinerant teacher of the hearing impaired and/or preschool handicapped teacher; categorical preschool class for hearing impaired; or preschool handicapped class and itinerant teacher of the hearing impaired.

C. Suggested Assessments

Hearing evaluation—a battery of diagnostic evaluations shall be administered for all hearing impaired pupils by a certified or state approved audiologist. The evaluations should include audiological evaluations appropriate to the developmental level of the child. In cases where the pupil is wearing a personal hearing aid or where amplification may be indicated, the initial evaluation should include a hearing aid evaluation. Evaluation instruments may include:

(1) Pure tone air conduction thresholds.

(2) Pure tone bone conduction thresholds.

(3) Speech reception thresholds via headsets in quiet and with competing messages (aided scores when appropriate).

(4) Speech discrimination.

(5) Sound field SRT and DSP in quiet and with competing messages (aided when necessary).

(6) Impedance measurement.

(7) Hearing aid test box analysis.

Supplemental tests may include:

(1) Comfortable Loudness Level and Tolerance Level.

(2) Differential diagnostic tests.

(3) Goldman-Fristoe-Woodcock Test of Auditory Discrimination.

(4) Lindamood Audition Conceptualization.

(5) Willeford Tapes.

D. Prior to placement in a preschool handicapped center based or home instruction program, the following assessment must be completed:

Adaptive behavior.

Communication.

Health/family history.

Hearing screening.

Intellect.

Motor screening.

Vision screening.

LEARNING DISABILITY (LD) 670--12.3(281)

A. Definition from Iowa Rules of Special Education

"Learning disability" is the inclusive term denoting the inability to learn efficiently, in keeping with one's potential, when presented with the instructional approaches of the general education curriculum. The inability to learn efficiently is manifested as a disability in an individual's reception, organization, or expression of information relevant to school function. This disability is demonstrated as a severe discrepancy between an individual's general intellectual functioning and achievement in one or more of the following areas: school readiness skills, basic reading skills, reading comprehension, mathematical calculation, mathematical reasoning, written expression and listening comprehension. A learning disability is not primarily the result of sensory or physical impairments, mental disabilities, behavioral disorders, cultural or language difference, environmental disadvantage, or a history of an inconsistent educational program. The following criteria shall be applied in identifying a pupil as learning disabled and in need of special education.

1. Hearing sensitivity must be within normal limits unless the hearing loss is temporary or not educationally relevant, such as a high frequency loss above the speech range.

2. Vision must be within normal limits after correction unless the impairment is temporary or not educationally relevant.

3. Intellectual functioning must be at or above one standard deviation below the mean as measured by an instrument recognized as a valid measure of intellectual functioning. A total or full-scale score shall be used in applying the intellectual criterion. In cases where measured intellectual functioning does not meet this criterion, but the results are suspect and the pupil's level of intellectual functioning is believed to be within the stated criterion, the individual responsible for assessing intellectual functioning shall state in writing the specific data which support that conclusion.

4. A severe discrepancy between current achievement and intellectual functioning exists when a pupil has been provided with learning experiences that are appropriate for the pupil's age and ability levels, and obtained scores in the achievement area(s) of concern are below the pupil's present grade placement and are more than one standard deviation below the mean on the distribution of achievement scores predicted from obtained intellectual functioning scores. In establishing the difference of one standard deviation, the effects of regression toward the mean and errors of measurement must be applied. If the technical data necessary to account for the effects of regression are not available, the discrepancy between the obtained achievement and intellectual functioning standard scores must be at least two standard errors of measurement for the difference.

If norm-referenced tests are not available in a particular achievement area, the diagnostic-educational team shall state in writing the assessment procedures used, the assessment results, the criteria applied to judge the importance of any difference between expected and current achievement, and whether a severe discrepancy is present that is not correctable without the provision of special education.

In cases where a pupil's obtained scores on norm-referenced tests are not severely discrepant from intellectual functioning, but the results are suspect and the diagnostic-educational team believes that the pupil's current achievement is severely discrepant, the team shall state in writing the specific non norm-referenced data, including a description of the assessment procedures used and the criteria applied to determine the presence of a severe discrepancy, which supports the team's conclusion. In such cases, a copy of the supportive documentation will be reviewed and maintained by the director.

5. A member of the diagnostic-educational team must observe the pupil's performance in the general education classroom setting for school-aged pupils or in the home or center-based setting for preschool pupils. The primary purposes of the classroom observation are to seek evidence for the existence of a learning disability and to determine the degree to which the disability, if any, affects learning. The individual responsible for the observation must be someone other than the pupil's classroom teacher who is trained to use observation as a diagnostic procedure.

6. The severe discrepancy between achievement and intellectual functioning must not be primarily attributable to behavioral disorders, chronic health problems, physical impairments, environmental disadvantage, cultural or language difference or a history of an inconsistent educational program.

7. The degree of the achievement-intellectual functioning discrepancy may decrease as a pupil receives special education, progresses academically and maintains that progress. Consideration of these factors will be used to determine a pupil's movement along the continuum of special and general education options, and in targeting appropriate transfer from a special education instructional program. A pupil who attains an achievement level commensurate with expected performance, given current grade level placement and intellectual functioning, and is able to maintain satisfactory educational performance in the general classroom setting shall be transferred from the special education instructional program.

B. Criteria

(1) Due to the academic nature of both the state and federal definitions, a child under five years of age would rarely be diagnosed as learning disabled. The learning disability category should be used at the preschool level only when the diagnostic and developmental information provides a compelling basis for such a decision. All information and data used to arrive at the diagnosis must be documented in a written report.

(2) School readiness skills include the following skill or developmental areas: fine motor, gross motor, perceptual, perceptual-motor, cognitive, social, receptive language, and expressive language. A preschool age child should demonstrate significant deficiencies in a cluster of these skill or developmental areas. The deficiencies must represent a severe discrepancy between the child's actual performance or development and his or her age and ability level, and present considerable risk to the development and learning ability of the child.

(3) A child may not be identified as learning disabled if the documented deficiencies are primarily the result of a visual or hearing impairment, mental disability, behavior disorder, or environmental or cultural factors that would compromise the child's development.

(4) The evaluation of school readiness skills should include standardized tests, developmental scales, informal assessment, non-standardized tests, and observation.

C. Suggested Assessments

1. Assessment of intellectual functioning and general cognitive development (See assessments listed under mental disabilities section C(1).

2. Assessment of school readiness skills.

a. Basic School Skills Inventory.

b. Boehm Test of Basic Concepts.

c. Brigance Diagnostic Inventory of Early Development.

d. CAPER-Continuum of Assessment Programming Evaluation Resources.

e. Kaufman Assessment Battery for Children - Achievement Scale.

f. Learning Accomplishment Profile - D.

g. Marshalltown Behavioral Development Profile.

h. School Readiness Survey.

i. Test of Early Language Development.

j. Test of Early Mathematics Ability.

k. Test of Early Reading Ability.

l. Woodcock-Johnson Psychoeducational Battery - Tests of Achievement.

D. Prior to placement in a preschool handicapped center based or home instruction program, the following assessments must be completed:

Adaptive behavior.

Communication.

Health/family history.

Hearing screening.

Intellect.

Motor screening.

Vision screening.

MENTAL DISABILITY (MD) 670—12.3(281)

A. Definition from Iowa Rules of Special Education

"Mental disability" is the inclusive term denoting significant deficits in adaptive behavior and subaverage general intellectual functioning. For educational purposes, adaptive behavior refers to the individual's effectiveness in meeting the demands of one's environment and subaverage general intellectual functioning as evidenced by performance greater than one standard deviation below the mean on a reliable individual test of general intelligence valid for the individual pupil."

B. Criteria

1. To be considered for placement in a preschool program on the basis of a mental disability, a child must exhibit a relatively stable set of behaviors and developmental patterns which fall significantly below average. Children who score more than one standard deviation below the mean on an individual intelligence test appropriate to their age shall be considered as meeting the intellectual criterion for the mental disabilities classification. Other factors which would affect the validity and reliability of the obtained scores must also be considered when interpreting evaluation findings. Instrument selection should also be based on known or suspected characteristics of the child such as sensory impairment, delayed expressive language skills, motor difficulties, and degree of delay. Additional interpretation should be given to intelligence test

results in reference to corroborative and/or contradictory developmental findings. Because of the risks in predicting long term intellectual ability of young children, impressions of the child's intellectual skills must always be viewed as reflecting present status. This necessitates frequent evaluations of the child's abilities.

(2) It is recognized that formal psychometric techniques may not yield useful results with some children with suspected low incidence handicapping conditions. For these children, the diagnostician should utilize alternative assessment techniques such as observation to provide relevant information in describing functioning level.

(3) The child must be displaying significant deficits in adaptive behavior as well as significantly subaverage general intellectual functioning to be considered for placement on the basis of a mental disability. For educational purposes, adaptive behavior refers to an individual's effectiveness in meeting the demands of one's environment. The child's communication, sensory-motor, self-help, and social skills should be compared with developmental checklists of expected behaviors if a formal adaptive behavior inventory is not administered.

C. Suggested Assessments:

(1) Intellectual

(a) Bayley Scales of Infant Development.

(b) Callier-Azusa Scale (visually impaired).

(c) Infant Intelligence Scale (Cattell).

(d) Leiter International Performance Scale (non-verbal).

(e) McCarthy Scales of Children's Abilities.

(f) Merrill Palmer Scale of Mental Tests (Ball).

(g) Minnesota Preschool Scale (Goodenough).

(h) Oregon (visually impaired).

(h) Pictoral Test of Intelligence.

(i) Stanford-Binet Intelligence Scale.

(j) Test of Learning Aptitude Hiskey-Nebraska (non-verbal).

(k) Wechsler Preschool and Primary Scale of Intelligence(WPPSI).

(2) Assessing Adaptive Behavior

(A) Developmental Milestones.

(B) Self-help Skills.

(1) Describe the child's self-help skills in areas such as toileting, grooming, dressing, eating, and daily responsibilities.

(2) Note any significant patterns or changes in these areas.

(C) Social Skills.

(1) Include information about the child's exposure to peer groups, and note the frequency and type of involvement. Describe such things as degree of interaction, degree of cooperation, frustration tolerance, and the ability to share and to take turns, in comparison to the peer group norms.

(2) Include information about the child's relationships with siblings, caretakers, and significant others, noting any patterns of change.

(D) Formalized Measures.

(1) Alpern-Boll.

(2) Boyd Minnesota Infant Development Inventory.

(3) California Behavior Rating Scale.

(4) Coping Inventory.

(5) Preschool Attainment Record.

(6) Vineland Adaptive Behavior Scale.

D. Prior to placement in a preschool handicapped center based or home instruction program, the following assessment must be completed:

Adaptive behavior.

Communication.

Health/family history.

Hearing screening.

Intellect.

Motor screening.

Vision screening.

PHYSICAL DISABILITY (PD) 670—12.3(281)

A. Definition from Iowa Rules of Special Education

"Physical disability" is the inclusive term used in denoting physical or visual impairments of pupils requiring special education.

"Physical impairment," a physical disability, is manifested as an aberration of an essential body structure, system or function. Physical impairments are defined operationally in terms of orthopedic, neuromuscular, other health impairments, or any combination, which may be a result of congenital or acquired conditions of unknown or miscellaneous causes. These pupils may manifest functional impairments in body balance, ambulation and limb and hand utilization. The severity of these noncognitive functional limitations are such that the pupil needs special education.

B. Criteria

(1) Child has a documented physical, motoric, or orthopedic impairment, handicap or chronic medical condition which interfers with the acquisition of new knowledge or skills. A child's cognitive functioning level should be considered when determining the significance of motor delay.

(2) Child under three with a motor delay of three to six months or greater.

(3) Child over three with a motor delay of one year or greater.

(4) Child has documented abnormal muscle tone.

C. Suggested Assessments

(1) Assessment may include but is not limited to:

a. The evaluation of gross motor development.

b. The evaluation of fine motor development.

c. The evaluation of neuromuscular development.

d. The evaluation of sensory integration.

e. The evaluation of daily living activities.

f. The evaluation of the need for adaptive equipment.

(2) The following assessments to be considered:

a. Bayley Scales of Infant Development.

b. De Ganti - Berk Test of Sensory Integration (TSI).

c. Erhardt Developmental Prehension Assessment.

d. Gesell Motor Assessment.

e. Miller Assessment for Preschools (MAP).

f. Movement Assessment of Infants.

g. Neurological Dysfunctions of Children.

h. Peabody Motor Scales.

i. Sensory Motor Integration in Preschool Children.

D. Prior to placement in a preschool handicapped center based or home instruction program, the following assessment must be completed:

Adaptive behavior.

Communication.

Health/family history.

Hearing screening.

Intellect.

Motor screening.

Vision screening.

PROFOUNDLY MULTIPLY HANDICAPPED (SPH) 670—12.3(281)

A. Definition from Iowa Rules of Special Education

"Profoundly multiply handicapped" are descriptive of pupils who may exhibit a combination of the following characteristics:

1. Use no means of communication beyond affect responses or use an augmented communication system that is not a standard symbol system to indicate needs and wants.
2. Are dependent in mobility or require supervision in order to meaningfully traverse between points in the environment.
3. Are dependent in all daily living activities.
4. Have minimal social interaction skills and may exhibit severe maladaptive behaviors.
5. Have mental, physical or sensory handicaps.
6. Have fragile medical conditions, including seizures.

B. Criteria for Identification

(1) Infantile adaptive behavior: Observable behaviors commonly found in a child resulting in the child's total dependence on others.

Primitive behavior: Behavior retained far beyond the age at which it is appropriate (Ex. asymmetrical tonic neck reflex (ATNR), suckling pattern for feeding, etc.). Basically observed in neuro-motor development.

(2) Developmental characteristics: Adaptive behavior no more than one-fourth of the child's chronological age. The adaptive behavior is determined by a composite of measures that include the degree of self-sufficiency, sensory-motor development, language development, and socialization.

(3) Intellectual functioning: Measures of intelligence will designate this population at 25 or below.

(4) To be considered as severely and profoundly handicapped, the individual must meet all three previously stated criteria, and two or more of the following exhibiting behaviors will be observed with a degree of regularity.

a. Self-mutilation behaviors such as head banging, body scratching, hair pulling, etc., which may result in danger to oneself.

b. Ritualistic behaviors such as rocking, pacing, autistic-like behavior, etc., which do not involve danger to oneself.

c. Self-stimulation behaviors such as masturbation, stroking, patting, etc., for a total of more than one hour of a waking day.

d. Failure to attend to even the most pronounced social stimuli, including failure to respond to invitations from peers or adults, or loss of contact with reality.

e. Lack of self-care skills such as toilet training, self-feeding, self-dressing, and grooming, etc.

f. Lack of verbal communication skills.

g. Lack of physical mobility including confinement to bed, inability to find one's way around the home, institution or facility, etc.

C. Suggested Assessments

(1) A Manual for the Assessment of a Deaf-Blind Multihandicapped Child.

(2) Adaptive Performance Instrument.

(3) Bayley Scales of Infant Development.

(4) Behavioral Characteristics Progression (BCP).

(5) Callier-Azusa Scale.

D. Prior to placement in a preschool handicapped center based or home instruction program, the following assessment must be completed:

Adaptive behavior.

Communication.

Health/family history.

Hearing screening.

Intellect

Motor screening.

Vision screening.

SPEECH AND LANGUAGE IMPAIRMENT (CM) 670—12.3(281)

A. Definition from Iowa Rules of Special Education

"Speech and language impairment" a communication disability, includes:

1. Impairment in language: a disability in verbal language resulting in a markedly impaired ability to acquire, use or comprehend spoken, read or written language due to difficulties in acquisition and usage of syntax, morphology, phonology and semantics.
2. Impairment in voice: An abnormality in pitch, loudness or quality resulting from pathological conditions, psychogenic factors or inappropriate use of the vocal mechanism which interferes with communication or results in maladjustment.
3. Impairment in fluency: A disruption in the normal flow of verbal expression which occurs frequently, or is markedly noticeable and not readily controllable by the pupil. The disruption occurs to the degree that the pupil or the pupil's listeners evidence reactions to the manner of the pupil's communication so that communication is impeded.
4. Impairment in articulation: Defective production of phonemes which interferes with ready intelligibility of speech.

B. Criteria

(1) Academic

The preschool age student shall demonstrate significant deficiencies in a preponderance of tested and/or documented readiness areas when compared to age level peers. For the preschool child, academic refers to a child's readiness to learn as measured by readiness and developmental scales, or both.

Readiness areas may include:

(a) Basic concepts, i.e., association, classification, and vocabulary.

(b) The ability to process information in an orderly, meaningful way.

(c) The ability to work independently in a structured situation.

(d) Auditory skills, i.e., attending, attention span, listening selectively.

(e) Response to learning, i.e., imitative skills, motivation.

The preschool aged student shall demonstrate a deficit of at least 1.5 standard deviation below the mean where standardized measures have been utilized.

(2) Speech and Language

Speech and language shall have been diagnostically evaluated, found to be disordered, and appear to be the major cause of the academic difficulties. Observation, informal assessment, non-standardized tests, and developmental scales, when used, will be supported by written documentation. Scores derived from speech and language standardized testing must be

2.0 or more standard deviations below the mean or less than a standard score of 69 or less than the 3rd percentile in articulation, receptive language, expressive language, or both, in each of two or more of the following areas:

(a) morphology

(b) syntax

(c) semantics

(d)*pragmatics

(e)*phonology

*Observation and informal assessment may be utilized in these two areas until standardized data are available.

(3) Intellectual

Appropriate standardized testing, including non-verbal testing, shows the full scale score to be at least within the average range. Performance scale scores may be used to indicate normal intelligence if it is also indicated that low verbal scores are a function of depressed receptive language, expressive language, or both. If there is questionable score validity, written supportive evidence is required.

(4) Linguistic

Data indicate that the student's speech and language problem is not due to a bilingual or multilingual background.

C. Suggested Assessments

(1) Arizona Articulation Proficiency Scales.

(2) Carrow Elicited Language Inventory (CELI).

(3) Cognitive Skills Assessment Battery (Boehm-Slater).

(4) Expressive One-Word Vocabulary Test.

(5) Goldman Fristoe Test of Articulation.

(6) Language Sample Analysis.

(7) OLSIST(Oral Sentence Imitation Screening Test) Stage III IV & V.

(8) Peabody Picture Vocabulary Test (PPVT).

(9) Preschool Language Assessment Instruction (PLAI).

(10) Preschool Language Scale (Zimmerman).

(11) REEL (Receptive Expressive Emergent Language Scale).

(12) Test for Auditory Comprehension of Language.

(13) Sequenced Inventory of Communication Development.

(14) Vocabulary Comprehension Scale (Bangs).

(15) Verbal Language Acquisition Scale.

D. Prior to placement in a preschool handicapped center based or home instruction program, the following assessment must be completed:

Adaptive behavior.

Communication.

Health/family history.

Hearing screening.

Intellect.

Motor screening.

Vision screening.

VISUAL IMPAIRMENT (VI) 670—12.3(281)

A. Definition from Iowa Rules of Special Education

"Visual impairment," a physical disability, is characteristic of pupils whose vision deviates from the normal to such an extent that they require special education. Educational functioning and visual and adaptive skills are used in determining needs of pupils with visual impairments.

B. Criteria

(1) Visual criteria—The primary criterion for determining if an individual is visually impaired is an abnormality of the eyes, the optic nerves, or the visual center for the brain resulting in decreased visual acuity.

a. Distance Acuity—The generally accepted upper limit of visual impairment is 20/70 or less in the better eye with ordinary corrective lenses. A distance acuity of 20/200 in the better eye after correction is considered legal blindness.

b. Near Acuity—This refers to the size print the individual can read at 14 inches or less as noted.

c. Visual Field—This is the degree to which an individual can see up, down, left, or right while looking straight ahead. It is measured for each eye. A visual field of 20 degrees or less is considered legal blindness.

d. Process: The cause of a prognosis of the visual impairment must be determined by written report.

1. Opthalmologist.

2. Optometrist.

C. Suggested Assessments

Refer to medical reports.

D. Prior to placement in a preschool handicapped center based or home instruction program, the following assessment must be completed:

Adaptive behavior.

Communication.

Health/family history.

Hearing screening.

Intellect.

Motor screening.

Vision screening.